Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARMOR CORRECTIONAL HEALTH SERVICES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ARMOR CORRECTIONAL HEALTH SERVICES NC.

4960 SW 72ND AVENUE
SUITE 400
MIAMI, FL 33155

2b Employer Identification Number (EIN)
20-1422279

2c Plan Sponsor's telephone number
305-662-8522

2d Business code (see instructions)
621491

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2015	HELISA SUAREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2015	HELISA SUAREZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	1943
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1115
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1762
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	775
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2537
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	2539
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2150
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	29
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
ARMOR CORRECTIONAL HEALTH SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARMOR CORRECTIONAL HEALTH SERVICES NC.

D Employer Identification Number (EIN)
20-1422279

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SUNTRUST INVESTMENT SERVICES I
ACCOUNTING DEPARTMENT
303 PEACHTREE CNTR AVE STE 140
ATLANTA, GA 30303

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NATIONWIDE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 26 99	RECORDKEEPER	132400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

IRON-CO-FID--INDEX-COMPREHENSIVE

26-2409128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 64	ADVISORY FIRM	6460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
ARMOR CORRECTIONAL HEALTH SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARMOR CORRECTIONAL HEALTH SERVICES NC.

D Employer Identification Number (EIN)
20-1422279

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5587	1433
(2) Participant contributions	1b(2)	961	7918
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	114692	266551
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7109904	8674376
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7231144	8950278
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7231144	8950278

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	248715	
	(B) Participants	2a(1)(B)	1575217	
	(C) Others (including rollovers)	2a(1)(C)	182675	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2006607
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	5010	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5010
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		494839
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2506456
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	730833	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		730833
f Corrective distributions (see instructions)	2f		56489
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		787322
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1719134
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SARBEY KAUFMAN, LLC **(2)** EIN: 65-1014182

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
ARMOR CORRECTIONAL HEALTH SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARMOR CORRECTIONAL HEALTH SERVICES NC.

D Employer Identification Number (EIN)
20-1422279

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-1592130

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ARMOR CORRECTIONAL HEALTH SERVICES, INC.
401(k) PLAN

DECEMBER 31, 2014 and 2013

ARMOR CORRECTIONAL HEALTH SERVICES, INC.
401(k) PLAN

DECEMBER 31, 2014 and 2013

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SARBEY KAUFMAN LLC
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Plan Administrator of
Armor Correctional Health Services, Inc. 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Armor Correctional Health Services, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Financial Services, Inc. ("Nationwide"), the trustee of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the plans investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the trustees is complete and accurate.

3020 NORTH FEDERAL HWY., SUITE 11B | FT. LAUDERDALE, FL 33306
TELEPHONE: 954-374-0555 | FAX: 954-561-2749
SARBEYKAUFMAN.COM

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held at end of year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sarbey Kaufman, LLC

October 12, 2015

ARMOR CORRECTIONAL HEALTH SERVICES, INC.
401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value	$ 8,674,376	$ 7,109,904
Receivables:		
Participant contributions	7,918	5,587
Employer contributions	1,433	961
Notes receivable from participants	266,551	114,692
Total receivables	275,902	121,240
Total assets	8,950,278	7,231,144
LIABILITIES		
Refund of excess contributions payable	108,912	-
Net assets available for benefits	$ 8,841,366	$ 7,231,144

See notes to financial statements.

ARMOR CORRECTIONAL HEALTH SERVICES, INC.
401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2014

Additions to net assets attributed to:	
Net appreciation in fair value of investments	$ 494,839
Participant contributions	1,575,217
Employer contributions	248,715
Rollovers	182,675
Interest income	5,010
Total additions	2,506,456
Deductions from net assets attributed to:	
Benefits paid to participants	730,833
Refund of excess distributions	165,401
Total deductions	896,234
Net increase	1,610,222
Net assets available for benefits:	
Beginning of year	7,231,144
End of year	$ 8,841,366

See notes to financial statements.

1. Description of Plan

The following description of the Armor Correctional Health Services, Inc. 401(k) Plan (the "Plan"), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution 401(k) plan covering certain employees of Armor Correctional Health Services, Inc. 401(k) Plan (the "Company") and became effective January 1, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Plan Termination:

Although it has expressed no intention to do so, the Company retains the right to terminate the Plan. In the event of Plan termination, all amounts credited to participants' accounts become fully vested subject to the requirements of ERISA. The Company also retains the right to amend the Plan.

Eligibility:

Employees of the Company who have attained the age of 21 and are not per diem or temporary employees may participate in the Plan with 90 days of service required. Effective July 1, 2009 all employees, except those already participating in the Plan, are subject to automatic deferral provisions, whereby the Company automatically defers 1% of the participant's compensation.

Contributions and allocations:

Participants may contribute a portion of their salary or wages through payroll deduction contributions. Each participant is permitted to defer up to the maximum amount allowed by the Internal Revenue Code ("IRC") limited to $17,500 during 2014. Participants' contributions to the Plan are invested as directed by the participants. Brokerage fees incurred pursuant to participant-directed investments are paid solely with the funds from the individual account of the participant.

Each year, the Company may, at its discretion, contribute on behalf of each participant a matching contribution equal to a discretionary percentage of a participant's compensation contributed as an elective deferral contribution with respect to each plan year. In addition, the Company may, at its discretion, make a profit sharing contributions with respect to each plan year.

At the consent of the Company, the Plan allows employees to rollover amounts into the Plan from other qualified plans. The rollover contribution is permitted provided the trust from which the funds are to be transferred permits the transfer to be made and, in the opinion of the Company's legal counsel, such transfer will not jeopardize the tax exempt status of the Plan or create adverse tax consequences for the Company.

1. Description of Plan (continued)

Benefits and vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Participants become vested in the Company's matching contributions plus actual earnings thereon, ratably based upon years of service. A participant is 100% vested after five years of service. However, in the event of termination of a participant's employment for death, for total or permanent disability, or upon attainment of the normal retirement age of 65 years, such participant's Company matching contributions shall immediately vest 100%.

Participants or their beneficiaries are eligible to receive distributions of their vested account balances upon retirement or other termination of employment. Distributions of benefits while the participant is still employed are permitted for rollovers of the account balances, after-tax distributions, financial hardship, as defined, or upon the attainment of age 59½. Participants or their beneficiaries will receive a lump sum payment.

Investment management fees and operating expenses:

Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair value of investments.

Notes receivable from participants:

A participant may borrow a minimum of $500 not to exceed 50% of his or her vested account balance, subject to certain limitations. Notes are repayable through payroll deductions over periods ranging up to five years. The interest rate is determined by the Plan administrator based on prevailing market conditions and is fixed over the life of the loan. The range of interest rates on outstanding notes was 3.25% to 5.25% as of December 31, 2014.

2. Summary of Accounting Policies

The following are significant accounting policies followed by the Plan:

Basis of accounting:

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Benefits are recorded when paid.

2. Summary of Accounting Policies (continued)

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is earned on the accrual basis. Delinquent participant notes are reclassified as distributions based on the terms of the plan document.

Risks and uncertainties:

The Plan provides for investment options various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events

The Plan's management evaluated subsequent events through October 12, 2015 which is the date that the financial statements were available to be issued.

3. Investments

The Company has entered into an agreement whereby effective December 7, 2012, Nationwide Financial Services, Inc. ("Nationwide") has been appointed the Trustee of the Plan's assets. Prior to December 7, 2012, Hartford Life Insurance Company served as trustee of the Plan. Under the terms of the agreements, Nationwide and Hartford (collectively, the "Trustees") hold and invest the funds of the Plan subject to the direction of a designated investment committee. The Company is the Plan's administrator and fiduciary. All investments are carried at fair value.

3. Investments (continued)

The following presents investments that represent five percent or more of the net assets available for plan benefits:

Description	2014	2013
Vanguard Balanced Index Signal Fund	$ 1,097,482	$ 3,629,913
Vanguard Growth Index Signal Fund	496,656	413,972
J.P. Morgan Core Plus Bond Fund	474,769	-
Vanguard Total Stock Market Index Fund	447,365	35,666
Others (less than 5%)	6,158,104	3,030,343
	$ 8,674,376	$ 7,109,904

During 2014, the Plan's investments (including gains and losses on investments sold, as well as held during the year) appreciated in value by a net amount of $499,849.

4. Fair Value Measurements

In accordance with Accounting Standards Codification ASC 820, "Fair Value Measurements," ("ASC 820") for financial assets and liabilities, fair value is defined as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, ASC 820 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. The three levels of inputs used to measure fair value are as follows:

Level 1 — Quoted prices in active markets for identical assets or liabilities.

Level 2 — Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 — Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

4. Fair Value Measurements (continued)

The following table summarizes financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2014 and 2013, segregated among the appropriate levels within the fair value hierarchy:

Description	Fair Value	Fair Value Measurements at December 31, 2014		
		Level 1	Level 2	Level 3
Assets:				
Large Cap	$ 2,175,304	$ 2,175,304	$ -	$ -
Bonds	1,629,308	1,629,308	-	-
International	1,392,392	1,392,392	-	-
Balanced	1,223,216	1,223,216	-	-
Asset Allocation	1,044,186	1,044,186	-	-
Small Cap	486,874	486,874	-	-
Specialty	378,475	378,475	-	-
Money Market	207,195	207,195	-	-
Mid Cap	137,426	137,426	-	-
Total Investments, at fair value	$ 8,674,376	$ 8,674,376	$ -	$ -

Description	Fair Value	Fair Value Measurements at December 31, 2013		
		Level 1	Level 2	Level 3
Assets:				
Moderate Allocation	$ 3,629,913	$ 3,629,913	$ -	$ -
Large Cap	1,059,109	1,059,109	-	-
Balanced	794,796	794,796	-	-
International	345,151	345,151	-	-
Bonds	319,704	319,704	-	-
Small Cap	275,207	275,207	-	-
Money Market	184,710	184,710	-	-
Specialty	181,829	181,829	-	-
Mid Cap	130,954	130,954	-	-
Conservative Allocation	127,384	127,384	-	-
Aggressive Allocation	61,147	61,147	-	-
Total Investments, at fair value	$ 7,109,904	$ 7,109,904	$ -	$ -

4. **Fair Value Measurements** (continued)

The investments are mutual funds. Fair values for these investments are based on quoted prices in active markets and are therefore classified within Level 1 of the fair value hierarchy.

5. **Information Certified by Trustee**

All financial information contained in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013, the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014, and the Schedule of Assets Held at End of Year has been certified as accurate and complete by the Trustees of the Plan.

6. **Tax Status**

The prototype plan received a favorable determination letter dated March 31, 2008. Although the Plan itself has not received a determination letter, the Company believes that the Plan was designed and operates in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination of the IRS. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. **Administrative Expenses**

The Company performs certain services for the Plan for which no fee is charged. Additionally, the Company paid approximately $27,000 of other expenses related to the administration of the Plan for 2014.

8. **Forfeitures**

Non-vested contributions which have been forfeited by employees due to termination of employment prior to achieving vested status on employer contributions are used to reduced future contributions by the Company. Forfeitures available to reduce employer contributions as of December 31, 2014 approximated $5,900.

9. **Related Party Transactions**

Certain Plan investments and related transactions as of December 31, 2014 and 2013, and for the year ended December 31, 2014, were in investment funds managed by the Plan's trustees; therefore, these investments and transactions quality as party-in-interest transactions. Notes receivable are also considered to be party-in-interest transactions because they are transacted with Plan participants. The Plan's transactions with its third-party administrator and record-keeper also qualify as party-in-interest transactions. These transactions are not considered prohibited by statutory exemptions under ERISA.

10. Reconciliation for Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 to Schedule H of Form 5500:

	2014
Net assets available for benefits per the financial statements	$ 8,841,366
Refund of excess contributions payable	108,912
Net assets available for benefits per Form 5500	$ 8,950,278

The following is a reconciliation of changes in net assets available for benefits for the year ended December 31, 2014 per the financial statements to the net income per Schedule H of Form 5500:

Net increase in net assets available for benefits per financial statements	$ 1,610,222
Refund of excess contributions payable – December 31, 2014	108,912
Net income per Form 5500	$ 1,719,134

ARMOR CORRECTIONAL HEALTH SERVICES, INC
401(k) PLAN

EIN #20-1422279
PN 001

Schedule H, Line 4i of Form 5500-
Schedule of Assets Held at End of Year

December 31, 2014

(a)	(b) Identity of issue, Borrower, Lessor or Simiar	(c) Description of Investment	(e) Current Value
	Vanguard	Vanguard Balanced Index Signal Fund	$ 1,097,482
	Vanguard	Vanguard Growth Index Signal Fund	496,656
	J.P. Morgan	J.P. Morgan Core Plus Bond Fund	474,769
	Vanguard	Vanguard Total Stock Mkt Idx Fund	447,365
	Vanguard	Vanguard Value Index Signal Fund	421,514
*	Nationwide	Nationwide International Index Instl Fund	334,280
	Vanguard	Vanguard Small Cap IDX Fund	309,412
	Prudential	Prudential Total Return Bond	301,906
	Oppenheimer	Oppenheimer International Growth Fund	276,304
	Vanguard	Vanguad 500 Index Signal Fund	264,772
	MFS	MFS Research International Fund	239,103
	Vanguard	Vanguard Target Retirement 2025 Inv Fund	232,037
	MFS	MFS Value R4 Inv Fund	229,700
	Prudential	Prudential Global Real Estate Fund	216,991
	Main Stay	Main Stay ICAP International Fund	204,770
	Aberdeen	Aberdeen Global Equity Fund Institutional Class	208,307
	Vanguard	Vanguard Target Retirement 2020 Inv Fund	207,933
	Dreyfus	Dreyfus Cash Mgmt Inst Shs Fund	207,195

(continued)

ARMOR CORRECTIONAL HEALTH SERVICES, INC
401(k) PLAN

EIN #20-1422279
PN 001

Schedule H, Line 4i of Form 5500-
Schedule of Assets Held at End of Year

December 31, 2014

(a)	(b) Identity of issue, Borrower, Lessor or Simiar	(c) Description of Investment	(e) Current Value
	American Century	American Century Short Duration Bond	198,260
*	Vanguard	Vanguard Target Retirement 2030 Inv Fund	179,841
	Columbia	Columbia Select Large Cap Growth	161,107
	J.P. Morgan	J.P. Morgan Equity Income Select Fund	154,189
	Prudential	Prudential High-Yield(Z) Fund	149,039
	Oppenheimer	Oppenheimer International Bond Fund	148,398
	Vanguard	Vanguard Extended Market Idx Fund	137,426
	Vanguard	Vanguard REIT Index Signal Fund	130,744
	Vanguard	Vanguard Wellsley Income Inv Fund	118,533
	Ivy Funds	Ivy High Income Fund	116,094
	DFA	DFA Emerging Markets Institutional Fund	107,495
	Vanguard	Vanguard Target Retirement 2035 Inv Fund	102,456
	Vanguard	Vanguard Explorer Inv Fund	100,587
	Vanguard	Vanguard Inflation-Protected Secs Inv Fund	94,265
*	Nationwide	Nationwide Inv Destinations Mod Agrsv Fund	81,012
	Federated	Federated Clover Small Value Fund	76,759
	Vanguard	Vanguard Target Retirement 2045 Inv Fund	76,280

(continued)

ARMOR CORRECTIONAL HEALTH SERVICES, INC
401(k) PLAN

EIN #20-1422279
PN 001

Schedule H, Line 4i of Form 5500-
Schedule of Assets Held at End of Year

December 31, 2014

(a)	(b) Identity of issue, Borrower, Lessor or Simiar Party	(c) Description of Investment	(e) Current Value
	Vanguard	Vanguard Total Market Index Bond	74,963
	Vanguard	Vanguard Target Retirement 2050 Inv Fund	68,952
	Vanguard	Vanguard Target Retirement 2015 Inv Fund	65,398
	AllianceBernstein	AllianceBernstein Global Bond Fund	30,741
	Putnam	Putnam Convertible Securities(Y) Fund	52,886
	Vanguard	Vanguard Target Retirement 2040 Inv. Fund	30,277
	Vanguard	Vanguard Emerging Markets Inx Fund	22,134
	Vanguard	Vanguard GNMA Inv Fund	8,733
	Vanguard	Vanguard Target Retirement 2055 Inv Fund	7,201
	Vanguard	Vanguard Short-Term Investment Grade Fund	5,725
	Vanguard	Vanguard Short-Term Bond Index Signal	4,270
*	Nationwide	Nationwide Small Cap Index Instl Fund	116
	Federated	Federated Total Return Government Bond	1
*	Participant Loans	Interest rates range from 3.25% to 5.25%	266,551
			$ 8,940,927

* Denoted a party-in-interest

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Armor Correctional Health Services, Inc. 401(k) Plan **EIN:** 20-1422279
Plan Sponsor's Name Armor Correctional Health Services **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Abrden Glbl Eq Inst		208,307
	Nationwide Life Insurance	AllBer Glbl Bd I		30,741
	Nationwide Life Insurance	AmCent ShtDrInflPrtBd Inst		198,260
	Nationwide Life Insurance	Col Sel LgCap Gr R5		161,107
	Nationwide Life Insurance	DFA Emrg Mkt Cor Inst		107,495
	Nationwide Life Insurance	Drey Cash Mgt Inst		207,195
	Nationwide Life Insurance	Fed Clover Sm Val Inst		76,759

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Armor Correctional Health Services, Inc. 401(k) Plan **EIN:** 20-1422279
Plan Sponsor's Name Armor Correctional Health Services, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Fed Ttl Rtn Bd Inst		1
	Nationwide Life Insurance	JPM Cor Pls Bd R6		474,769
	Nationwide Life Insurance	JPM Eq Inc Sel		154,189
	Nationwide Life Insurance	MFS Rsrch R4		239,103
	Nationwide Life Insurance	MFS Val R4		229,700
	Nationwide Life Insurance	MnSty ICAP Intl I		204,770
	Nationwide Life Insurance	NW Intl Indx Inst		334,280

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Armor Correctional Health Services, Inc. 401(k) Plan **EIN:** 20-1422279
Plan Sponsor's Name Armor Correctional Health Services, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	NW Inv Dest Mod Aggr Inst		81,012
	Nationwide Life Insurance	NW SmCap Indx Inst		116
	Nationwide Life Insurance	Opp Intl Bd Y		148,398
	Nationwide Life Insurance	Opp Intl Gr Y		276,304
	Nationwide Life Insurance	Prudntl Glbl RealEst Z		216,991
	Nationwide Life Insurance	Prudntl Hi Yld Z		149,039
	Nationwide Life Insurance	Prudntl Ttl Rtn Bd Z		301,906

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Armor Correctional Health Services, Inc. 401(k) Plan **EIN:** 20-1422279
Plan Sponsor's Name Armor Correctional Health Services, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Ptnm Conv Sec Y		52,886
	Nationwide Life Insurance	Vngrd 500 Index Fd AS		264,772
	Nationwide Life Insurance	Vngrd Bal Indx Adml		1,097,482
	Nationwide Life Insurance	Vngrd Emrg Mkt StkIndx Inv		121
	Nationwide Life Insurance	Vngrd Emrg Mkt StkIndxAdml		22,013
	Nationwide Life Insurance	Vngrd Explr Inv		100,587
	Nationwide Life Insurance	Vngrd Extnd Mkt Indx Adml		137,426

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Armor Correctional Health Services, Inc. 401(k) Plan **EIN:** 20-1422279
Plan Sponsor's Name Armor Correctional Health Services, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd GNMA Inv		8,733
	Nationwide Life Insurance	Vngrd Gr Indx Adml		496,656
	Nationwide Life Insurance	Vngrd Infl Prtct Sec Inv		94,265
	Nationwide Life Insurance	Vngrd REIT Indx Adml		130,744
	Nationwide Life Insurance	Vngrd ST Bd Indx Adml		4,158
	Nationwide Life Insurance	Vngrd ST Invmt Grd Inv		5,725
	Nationwide Life Insurance	Vngrd Sm Cap Indx Fd AS		309,412

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Armor Correctional Health Services, Inc. 401(k) Plan **EIN:** 20-1422279
Plan Sponsor's Name Armor Correctional Health Services, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2015 Inv		65,398
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2020 Inv		207,933
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2025 Inv		232,037
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2030 Inv		179,841
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2035 Inv		102,456
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2040 Inv		30,277
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2045 Inv		76,280

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Armor Correctional Health Services, Inc. 401(k) Plan **EIN:** 20-1422279
Plan Sponsor's Name Armor Correctional Health Services, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2050 Inv		68,952
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2055 Inv		7,201
	Nationwide Life Insurance	Vngrd Ttl Bnd Mkt ldx Adm		74,963
	Nationwide Life Insurance	Vngrd Ttl StMkt Indx Fd AS		447,365
	Nationwide Life Insurance	Vngrd Val Indx Adml		421,514
	Nationwide Life Insurance	Vngrd Wlsly Inc Inv		118,533
	Nationwide Life Insurance	WR Ivy Hi Inc I		116,094

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Armor Correctional Health Services, Inc. 401(k) Plan **EIN:** 20-1422279
Plan Sponsor's Name Armor Correctional Health Services, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Participant Loans			266,657